

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/644109 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP
1											
2	1					X					
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